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1 Q Okay. But, Dr. Brody, is there anywhere in any of the
2 presentations that you have made, any article that you have
3 published where you present yourself to your peers as being an
4 expert in carcinogenesis?

5 A It's sort of the same answer. I don't hold myself out to
6 my peers as an expert in anything. They'll decide what I'm an
7 expert in by what I write and what I say.

8 Q Okay. So that's fine, which would then mean that when you
9 attend conferences, you're never introduced as an expert in
10 carcinogenesis?

11 A I don't think I've ever been introduced as an expert in
12 anything. I -- you know, this is just not the lingo,
13 jingoism that we use.

14 Q Okay. Have you ever said that you are an expert in the
15 field of oncology?

16 A Same answer.

17 Q Have you ever said that you're an expert in the field of
18 fibrogenesis? Have you ever said that?

19 A Maybe in court I have.

20 Q You've never said that to your -- you've never said that
21 to peers or to people with whom -- to whom you're introduced in
22 scientific circles that you are an expert in fibrogenesis? You
23 never said that?

24 A You know, I'm just trying to think of the setting. If I'm
25 in a study section in the anti-age, and we go around the table

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1 and we're asked what our expertise is, then I certainly
2 would've said that. Sure.

3 Q Okay. You would've said that your expert is in
4 fibrogenesis, and did you ever in the context of the very
5 roundtable discussion that you've just now talked about said, I
6 am an expert in carcinogenesis?

7 A Probably not.

8 Q Okay. Now, I want to talk a little bit about something
9 else, which is that in this same website, you talk about your
10 focus on fibrogenesis, and in particular you deal with the
11 biochemical and molecular mechanisms that mediate
12 fibroproliferative lung disease, right?

13 A Yes.

14 Q And so when we talk about your particular area and
15 focusing on fibrosis, you're a person who has looked into the
16 mechanisms, correct?

17 A That's right.

18 Q Well, let's talk a little bit about mechanisms. First of
19 all, talk about the mechanism for fibrosis. You've described
20 that mechanism for fibrosis in many, many papers, correct?

21 A Yes.

22 Q And in that mechanism -- and I know that I'm going to be
23 grossly oversimplifying what you've said, but just bear with me
24 for a second to see if I at least get the direction kind right.
25 You, first of all, talk about the inhalation of the fibers,

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1 right?

2 A Yes.

3 Q Then you talk about their transport to tissue, right?

4 A Right.

5 Q Then you talk about their -- the reactions of cells that
6 assist in the transportation. For example, you've talked about
7 macro -- I always thought they were macro -- when I read it, I
8 thought it was macrophage (pronouncing). It's macrophage?

9 A Either way.

10 Q Okay. And macrophages are those gobbling up cells, and
11 they also serve the function of not only gobbling things up but
12 moving them along. Right?

13 A Right.

14 Q So they're part of the transportive process. Correct?

15 A Sure.

16 Q And any time -- any time you have a foreign material
17 introduced into the human body, the macrophages will be
18 recruited, and they'll try to gobble it up no matter how big it
19 is.

20 A True.

21 Q Okay. And then, ultimately, the macrophages plus other
22 means of transportation will take the material to a target or
23 to an area, and at that area you will have a cellular or tissue
24 reaction. Right?

25 A That's fine.

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1 Q So far so good?

2 A That's close, yes.

3 Q Okay. That's good enough for this morning. And what I
4 have said, that basic transportation system works for all
5 asbestos fiber types, that is chrysitolite, amphiboles --
6 amosite, chrysitolite, chrysotile?

7 A Correct.

8 Q And it works for all amounts of fiber albeit the amount
9 can affect how far it gets transported. Correct?

10 A True.

11 Q Okay. Now, would you also agree with me that when it
12 comes to the mechanism with respect to fibrosis, that it's very
13 difficult to study this mechanism in people?

14 A True.

15 Q So that what you do is you set up a series of animal and
16 laboratory experiments that are designed to see if you can
17 watch this mechanism observe the mechanism at work. Correct?

18 A Right.

19 Q And is it true that in those animals -- and indeed that's
20 the focus of your research. You're not a person -- you're not
21 an M.D., correct?

22 A Right.

23 Q And your -- the focus of your work is not examining
24 patients in the clinical setting, correct?

25 A Right.

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1 Q You're the person' who is in the lab looking for a
2 different line of research that takes you into mechanisms that
3 may not actually be observable clinically. Fair?

4 A Fair.

5 Q Okay, and, Dr. Brody, when you're in that laboratory and
6 you have those animals or you have cells, you don't get
7 anywhere unless you use enough of the material to get some kind
8 of response. Correct?

9 A Right.

10 Q And, therefore, when you do the experiments that you've
11 talked about and you've taken pictures of, some of which you've
12 now shown here in court, you're talking about experiments with
13 animals that by and large involve very high doses or
14 concentrations of asbestos. Correct?

15 A Well, it's not doses or concentrations. It's high
16 concentrations, but it's actually quite a small dose, because
17 they're exposed for a short time.

18 Q Okay, so short duration, high concentration. Correct?

19 A Correct.

20 Q Fair enough. Right?

21 A Right.

22 Q Okay. And when you have this cell, this in the petri dish
23 and you put a fiber right by the cell, that's kind of, you
24 know, you're placing it right in proximity to the very kinds of
25 materials where you want to see if that little cell binds to

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1 the fiber. Right?

2 A Exactly.

3 Q Okay. So you really -- you're idealizing the proximity of
4 those fibers to those cells at precisely the time that they're
5 dividing, so you can see if the cell's right there, will that
6 chromosomal material will adhere to the fiber? Correct?

7 A Exactly.

8 Q Okay, and you've shown us pictures taken at the time where
9 that adheres. Now, true enough that many, many different kinds
10 of biological materials will adhere to fibers?

11 A Certainly.

12 Q And indeed they'll adhere to fibers of all different kinds
13 -- all different kinds and types. Correct?

14 A Sure.

15 Q So would you agree with me that what you've observed in
16 the laboratory with respect to cells and what you've observed
17 in the laboratory with respect to animals; that is, the
18 recruitment of these different things, are -- well, let me just
19 ask with respect to cells, first of all. Would you agree with
20 me that the photographs that you took showing the binding
21 effect, that doesn't show -- the photographs themselves don't
22 show a binding effect that is specific to any particular type
23 of asbestos. Correct?

24 A I agree.

25 Q Would you also agree that it's also not specific even to

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1 asbestos, that you could take the same photographs and show the
2 same kind of binding effect with respect to other materials
3 that are not asbestos form?

4 A I agree.

5 Q In fact, you could find that binding effect with respect
6 to glass fibers. Correct?

7 A Sure.

8 Q Okay. And, in fact, that binding effect -- the very fact
9 that you've seen binding effects between proteins and foreign
10 materials is again a feature of the body that is very, very
11 generalized. We see that really all over the place in many
12 different contexts. Correct?

13 A Sure, that's why you have to do a series of different
14 kinds of experiments; cellular, animal, and epidemiology.

15 Q Okay. We're going to get to exactly that sequence, but I
16 just wanted to begin with respect to the cell work. Let's talk
17 a little bit about animals. When you observe the fibrosis that
18 you see in animals, that fibrosis is again not necessarily
19 specific to asbestos. Correct?

20 A Well, I mean it is, because I gave him asbestos, but what
21 you mean is that response can occur with -- from agents other
22 than asbestos.

23 Q Right.

24 A A few others, sure.

25 Q Okay. So now let's deal with one more general point with

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1 respect to the mechanism of fibrosis. We covered a lot of
2 different things here, but one thing I want to get to, I take
3 it that your belief and -- not just your belief, your
4 assessment today is that when it comes to the mechanism of
5 fibrosis with respect to asbestos, that is well-established.
6 Would you agree with that or not?

7 A Yes.

8 Q Indeed you say that pretty much in the expert report that
9 you filed in connection with this case. Correct?

10 A I don't remember if I said that, but it -- but it's true.
11 It is.

12 Q Well, and if that's true, that's something that's only
13 happened in the last few years, because not so long ago you
14 represented that the -- or you wrote that the mechanisms by
15 which asbestos causes fibrosis remain unclear. That's been
16 your position in your published papers, correct?

17 A And it still is if you're dealing at a specific level. In
18 other words, you're talking apples and oranges. So there are
19 many different levels to understand a process. So if I want to
20 tell you do I know the complete set of genes that must be up
21 regulated for scar tissue to result, no, I'll tell you that we
22 have other things to learn, and that's what I'm saying in a
23 paper like that.

24 Q Yes, well, showing you Exhibit 766, which is a paper where
25 the lead author was a Neil Mishra, and it was written as

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